

***Presentation to the
Joint Commission on Health Care
Behavioral Health Care
Subcommittee***

**James Reinhard, M.D.
Commissioner
Department of Mental Health,
Mental Retardation and Substance Abuse Services**

October 26, 2004

Presentation Topics

- The Department's Integrated Strategic Plan
- Availability of Acute Care Beds
- How the Needs of Offenders with Mental Health and Substance Abuse Disorders and/or Mental Retardation Are Being Addressed

Integrated Strategic Plan Update

- Two years ago, seven Regional Partnerships were established.
 - Region 1 – Northwestern Virginia
 - Region 2 – Northern Virginia
 - Region 3 – Far Southwestern Virginia
 - Region 4 – Central Virginia
 - Region 5 – Eastern Virginia
 - Region 6 – Southside Virginia
 - Region 7 – Catawba Area
- Each Regional Partnership has involved key stakeholders in a grass-roots strategic planning process.
- Regional Partnership Plans were submitted to the Department in August 2004.

Integrated Strategic Plan Update – continued

- The Department also established five Special Populations Workgroups to examine the needs of the following groups:
 - Children and Adolescents
 - Forensics
 - Geriatrics
 - Mental Retardation
 - Substance Abuse
- These Workgroups were co-convened by CSB and state facility staff and included public and private providers, consumers and family members, advocates, state and local agencies, local government, and university representatives.
- Special Population Workgroup Reports were submitted to the Department in August 2004.

Integrated Strategic Plan Update – continued

- The Department is incorporating the recommendations of the Regional Partnership Plans and the Special Population Workgroup Reports into an Integrated Strategic Plan.
- *Envision the Possibilities, An Integrated Strategic Plan for Virginia's MH, MR, and SA Services System* will:
 - Describe How Our Vision for the Services System Might Be Implemented in Virginia
 - What Would the Services System Look Like?
 - What's Happening in Virginia and Nationally to Promote the Vision?
 - Outline Strategic Directions to be Pursued to Achieve the Vision
 - Describe Key Challenges to Successful Implementation of the Vision
 - Identify Specific Action Steps for Addressing These Challenges

Integrated Strategic Plan Update – continued

- Our goal is for the Integrated Strategic Plan to provide the framework for future DMHMRSAS administrative actions and legislative and budget recommendations to:
 - Implement recovery and resiliency principles throughout the services system;
 - Promote self-determination, empowerment, and choice; and
 - Invest in an expanded framework of community-based care that promotes recovery and resiliency, community integration, and choice and instills hope for the future for consumers and their families.

Integrated Strategic Plan Update – continued

- Department staff met with the leadership of the Regional Partnerships and Special Population Workgroups on October 21, 2004 to:
 - Discuss the recommendations contained in the Regional Partnership Plans and Special Population Reports
 - Review key themes that emerge from the Regions and Workgroups
 - Provide feedback on the organization of the Integrated Strategic Plan
 - Discuss critical issues, policy questions, and strategic directions to be addressed in the Plan
 - Brainstorm potential actions that should be undertaken to implement the Vision and strategic directions

Integrated Strategic Plan Update – continued

- The Department will be looking to the Regional and Special Population Workgroup leadership to help develop strategies for involving key services system stakeholders in the plan development process.
- We also hope to meet with the Restructuring Policy Advisory Committee and other stakeholder organizations this fall to:
 - Review regional and special populations work group recommendations for the Integrated Strategic Plan; and
 - Obtain feedback on action steps that are necessary to achieve the Vision and strategic directions.
- At the Governor's Conference on December 9 and 10, 2004, a panel, moderated by the Inspector General, will discuss consumer, family member, public and private provider, and policy-maker perspectives on strategies to implement the Department's Vision. Members of the General Assembly will receive Conference registration information in the next two weeks.

Integrated Strategic Plan Update – continued

- Several examples of critical issues facing the services system that we hope to address in the Integrated Strategic Plan follow:
 - Lack of community service capacity to address existing demand;
 - Inconsistencies in accessing services from one CSB to another and between consumers with and without Medicaid coverage;
 - Loss of private sector inpatient capacity due to healthcare economics;
 - Limited application of evidence-based services;
 - Insufficient numbers and types of providers with specialized skills for serving persons with co-occurring disabilities; and
 - Significant deficiencies in state facility and community program infrastructure.

Availability of Acute Care Beds

- A number of actions are underway to address this important issue, including:
 - Establishment of a strong collaborative relationship with the Virginia Hospital and Healthcare Association to mutually clarify and address the intersecting responsibilities of CSBs, private hospitals, and state facilities;
 - Facilitation of a series of regional meetings in the Tidewater Region to identify and seek solutions to specific regional bed availability issues;
 - Provision of assistance and intensive consultation to strengthen regional management of acute psychiatric bed utilization across the Commonwealth;
 - Successful implementation of the \$1 million in new bed purchase funds appropriated by the 2004 General Assembly; and
 - Recognition of the need for MH and SA crisis stabilization programs as an alternative to acute hospitalization and the expansion of funds for local bed purchases.

Addressing the Needs of Offenders with Mental Health and Substance Use Disorders and/or Mental Retardation

- The Department has been actively involved in efforts to improve service delivery for these offenders.
- The goals of these efforts have been to:
 - Prevent individuals with mental illness and serious substance use disorders from involvement with the criminal justice system, whenever possible
 - Ensure that adequate, community-oriented resources are available for the evaluation and treatment of individuals having active involvement with the criminal courts.
- A number of strategies have been employed to reach these goals.

Addressing the Needs of Offenders with MH and SUD and/or MR -- continued

- In the Spring of 2003, procedural changes were made to reduce wait times for jail inmates referred to Central State Hospital's maximum security unit for evaluation and treatment, including:
 - Increased use of state hospital civil units to evaluate and treat nonviolent, low-risk jail inmates and relieve pressure on the CSH maximum security forensic unit.
 - A new “outpatient” evaluation and triage program at the maximum security forensic unit that, with the permission of the court in each case, allows a one-day assessment procedure with:
 - Immediate admission of those defendants who require hospitalization
 - Same day return to jail for those who do not require hospitalization.
 - A similar evaluation and triage procedure for defendants referred for restoration to competency.

Addressing the Needs of Offenders with MH and SUD and/or MR -- continued

- A special treatment team process was implemented at Eastern State Hospital to focus on and expedite the treatment of individuals admitted from jails in the Tidewater region.
- The Department is reviewing all reasonable and safe options for modifying the housing or release process for state facility patients in order to free up beds for jail and court referrals.
- The Department also is working to facilitate communication among state facility forensic program staff, the courts, CSB forensic staff, and local and regional jail medical and administrative personnel regarding optimal approaches to treating and managing these individuals in jail settings.

Addressing the Needs of Offenders with MH and SUD and/or MR -- continued

- The Department convened the Forensic Special Populations Workgroup in July 2003 as part of its restructuring activity.
- This Workgroup provided a statewide forum for the development of recommendations to improve services for individuals with criminal justice involvement.
- In August, you received an overview of that project and some of the exemplary community programs that, in varying ways, are helping to reduce the need for inpatient treatment of individuals in the criminal justice system with psychiatric disorders.
- The HPR IV Jail Services team, the Norfolk Mental Health Court, and the Virginia Beach CSB initiative at the Virginia Beach Correctional Center also are addressing the treatment needs of criminal defendants and jail inmates without hospitalization.

Addressing the Needs of Offenders with MH and SUD and/or MR -- continued

- Over the next year and with the benefit of the recommendations of the Forensics Special Populations Workgroup, the Department will continue its efforts to divert individuals with mental illnesses, substance abuse disorders, and mental retardation from incarceration into community-based treatment alternatives, whenever appropriate.